



STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DISABILITY COMPENSATION DIVISION  
**NOTICE TO EMPLOYEES**

**YOUR EMPLOYER IS REQUIRED TO PROVIDE YOU WITH WORKERS' COMPENSATION (WC), TEMPORARY DISABILITY INSURANCE (TDI), AND PREPAID HEALTH CARE (PHC) COVERAGE. TO UNDERSTAND YOUR BENEFIT RIGHTS UNDER THESE PROGRAMS, READ THIS NOTICE CAREFULLY. CONTACT THE DISABILITY COMPENSATION DIVISION OFFICES LISTED BELOW FOR FURTHER INFORMATION.**

**WORKERS' COMPENSATION**

You should claim benefits under this program if you suffer a work-related injury. Report the date, time and circumstance of your injury immediately to your employer or supervisor. Give name of insurer to your doctor so that he will know where to send the report of industrial injury. If your employer does not file a report of injury, you may file a written claim with the workers' compensation office.

You are entitled to free choice of physician; all required medical, surgical and hospital services and supplies including drugs; weekly benefits from the fourth day of disability to replace wage loss, representing 66 2/3% of your average weekly wage but not more than the maximum weekly benefit amount annually set by the workers' compensation office; additional benefits if injury results in permanent disability or disfigurement; vocational rehabilitation; funeral and burial expenses if work injury results in death; additional weekly benefits to surviving spouse and other dependents; and concurrent temporary total disability benefits if employed with two covered employers at time of injury.

If your workers' compensation benefits are disputed and you are not paid, you may file a temporary disability insurance claim with your employer's temporary disability insurance carrier. The temporary disability insurance carrier will pay you temporary disability insurance benefits if you are eligible, but the carrier will have lien rights to your workers' compensation benefits.

You do not pay for premium cost; your employer pays entire amount.

**TEMPORARY DISABILITY INSURANCE**

You should claim under this program within 90 days from disability date if you suffer a disabling nonwork-related injury, illness or pregnancy. Your employer or insurance carrier should furnish you with a TDI-45 claim form or some other authorized claim form.

To be eligible, your disability must be properly certified and you must have been performing regular service in employment not longer than 2 weeks prior to the onset of your disability. You must have been in covered employment with any Hawaii employer for at least 14 weeks with remuneration of 20 or more hours each week and earned wages of at least \$400 during the 52 weeks immediately preceding the first day of your disability.

After a 7-consecutive-day waiting period, you are entitled to 58% of your average weekly wage, not exceeding the maximum weekly benefit amount set annually by the Temporary Disability Insurance office, for a maximum of 26 weeks during a benefit year if your employer has a statutory plan. If your employer has an approved other-than-statutory plan, ask your employer for details on benefit amount, waiting period and benefit duration.

You may be required by your employer to share in the premium cost. Your share cannot be more than one-half of the cost nor more than .5% of your weekly wages. Your employer pays the remaining portion exceeding the prescribed limitation. If you are ineligible for benefits (see second paragraph above), your employer cannot deduct any contributions from you to share in the premium cost.

**PREPAID HEALTH CARE**

You should claim benefits under this program if a nonwork-related injury or illness requires medical care. Give your doctor or hospital the name of your employer's health care contractor and the plan name listed below.

After 4 consecutive weeks of employment of at least 20 hours each week, you may be entitled to enrollment in your employer's health care plan which should provide: hospital, surgical, medical, diagnostic and maternity benefits.

If you are required to share in the premium cost for employee's coverage, your share cannot be more than 1.5% of your monthly wages or one-half the premium cost (whichever is less). Your employer pays the balance.

**APPEAL RIGHTS**

If you disagree with any decision rendered on your claim for benefits under the workers' compensation and temporary disability insurance programs, you may file an appeal with the Disability Compensation Division.

**EMPLOYER CERTIFICATION**

In compliance with the Hawaii State Workers' Compensation, Temporary Disability Insurance and Prepaid Health Care Laws, the undersigned certifies that he has provided the following coverage for his employees (check blocks):

**WORKERS' COMPENSATION**

☐ Insured plan \_\_\_\_\_  
(Name of Insurance Carrier)

☐ Self-insured plan  
Effective date of coverage \_\_\_\_\_

☐ HC Contractor plan \_\_\_\_\_  
(Name of Health Care Contractor)

Plan name \_\_\_\_\_ \*Classes of employees covered \_\_\_\_\_ Effective date \_\_\_\_\_

**TEMPORARY DISABILITY INSURANCE**

☐ Insured plan \_\_\_\_\_  
(Name of Insurance Carrier)

☐ Approved self-insured plan  
\*Classes of employees covered \_\_\_\_\_  
Effective date of coverage \_\_\_\_\_

**PREPAID HEALTH CARE**

☐ Approved self-insured plan \_\_\_\_\_  
(Name of Plan Administrator)

\* If more than one plan, indicate whether coverage is for salaried, hourly, bargaining unit, non-bargaining unit, etc. employees.

EMPLOYER NAME	AUTHORIZED SIGNATURE	TITLE	DATE
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**DISABILITY COMPENSATION OFFICES**

**Oahu:**  
P.O. Box 3769  
830 Punchbowl Street, Room 209  
Honolulu, Hawaii 96812-3769  
Phone: (808) 586-9188 (TDI/PHC)  
(808) 586-9161 (WC)

**Hawaii:**  
State Office Building  
75 Aupuni Street, #108  
Hilo, Hawaii 96720  
Phone: (808) 974-6464

**West Hawaii:**  
P.O. Box 49  
Kealahou, Hawaii 96750  
Phone: (808) 322-4808

**Maui:**  
State Office Building  
2264 Aupuni Street, #2  
Wailuku, Hawaii 96793  
Phone: (808) 243-5322

**Kauai:**  
State Office Building  
3060 Ewa Street, #202  
Lihue, Hawaii 96766  
Phone: (808) 274-3351

**THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OF BUSINESS**